| ·   | The second secon |
|---|--|
| Jot Shu ANIMES  | COMPLAINT  |
| 12701 Poeen plaza   | Do you want a jury trial?  |
| W long Is lone, Ty  |  |
| Write the full name of each defendant. If you need more   |  |
| Write the full name of each defendant. If you need more space, please write "see attached" in the space above and |  |

## NOTICE

attach an additional sheet of paper with the full list of names. The names listed above must be identical to those

contained in Section II.

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

| What is the basis for federal-court jurisdiction in your case?   |
|--|
| ☐ Federal Question   |
| Diversity of Citizenship   |
| A. If you checked Federal Question   |
| Which of your federal constitutional or federal statutory rights have been violated?   |
|  |
|  |
|  |
| B. If you checked Diversity of Citizenship   |
| 1. Citizenship of the parties  |
| Of what State is each party a citizen?  The plaintiff, , is a citizen of the State of (Plaintiff's name)                           |
| (State in which the person resides and intends to remain.)   |
| or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of            |
| If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff. |

| If the defendant is an individual:  |
|---|
| The defendant, MULL HIMES, is a citizen of the State of   |
| (Defendant's name)  |
| Cyn praced  |
| or, if not lay fully admitted for permanent residence in the United States, a citizen or  |
| subject of the foreign state of   |
| _Donness.   |
| If the defendant is a corporation:  |
| The defendant, The defendant of the defendant |
| the State of Obeen Plaza why \$5/200  |
| and has its principal place of business in the State of NOW YOUT  |
| or is incorporated under the laws of (foreign state)  |
| and has its principal place of business in 270/ Queen plana   |
| If more than one defendant is named in the complaint, attach additional pages providing   |
| information for each additional defendant.  |
| II. PARTIES   |
| A. Plaintiff Information  |
| Provide the following information for each plaintiff named in the complaint. Attach additional  |
| pages if needed.  |
| First Name Middle Initial Last Name   |
| 33 01 ( ) 1000 · N ( ) 30 · N )   |
| J-01 90EE, 100  |
| Street Address  Street Address  |
| County, City State Zip Code   |
| County, City 9870 7900 https://www.   |
| Telephone Number Email Address (if available)   |
| Cym - Coop 35397 (127)  |
| Page 3  |

## B. Defendant Information

County, City

| To the best of you correct information defendant. Make caption. Attach as | on is not provided sure that the def                 | l, it could delay or<br>endants listed bel | prevent se   | rvice of the                          | complaint on the        |
|---|--|--|--------------|---------------------------------------|-------------------------|
| Defendant 1:  | 270  | (or other identifying dress (or other ad   | Rh.          | DIW                                   | may be served) Zip Code |
| Defendant 2:  | First Name   | Last                                       | . Name       | ·<br>                                 | ·                       |
|   | Current Job Title                                    | (or other identify                         | ing informat | ion)                                  |                         |
|   | Current Work Ac                                      | Idress (or other ac                        | dress where  | defendant                             | may be served)          |
|   | County, City   |  | State        |                                       | Zip Code                |
| Defendant 3:  |  |  |              | · · · · · · · · · · · · · · · · · · · |                         |
|   | First Name   | Last                                       | Name         |                                       |                         |
| ,   | Current Job Title (or other identifying information) |  |              |                                       |                         |
|   | Current Work Ac                                      | Idress (or other ac                        | ldress where | defendant                             | may be served)          |

State

Zip Code

| Defendant 4:       | bh                    | one n                | unbe             | U. 21           | 8-286:   |
|--------------------|-----------------------|----------------------|------------------|-----------------|----------|
| Defendant 4.       | First Name            | Last Nar             |                  | $\overline{}$   |          |
|                    | Jel De                | a fr                 | UINV             | ) <i>Hi</i>     | n ways   |
|                    | Eurrent Job Title (or | other identifying i  | 2701C            | ) vee           | ns plan  |
|                    | Current Work Addres   | ss (or other addres  | s where defenda  | int may be serv | red)     |
| N                  | love                  | ·Flan                | 1 cill           | 1 DY            | 11101    |
| ,                  | County, City          | 5                    | tate             | Zip Code        | 1 11     |
| III. STATEMEN      | A                     | ) Mr                 | to n             | and             | baltas   |
| Place(s) of occurr | ence: <u>NU</u>       | D JPC                |                  | 1011            | or Clase |
| Date(s) of occurre | ence:                 | - 8 - 1              | 7                |                 |          |
| FACTS:             |                       |                      |                  |                 |          |
| State here briefly | the FACTS that supp   | ort your case. Des   | scribe what happ | ened, how yo    | u were   |
| harmed, and wha    | it each defendant per | rsonally did or fail | ed to do that ha | rmed you. Att   | ach      |
| auditional pages   | PALO A                | 1 1 1                | 2001             | 1) W            | m L'     |
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| INJURIES:   |
| If you were injured as a result of these actions, describe your injuries and what medical |
| treatment, if any, you required and received.   |
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| IV. RELIEF  |
| State briefly what money damages or other relief you want the court to order.             |
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## V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to

| proceed without prepayment of fees, each plaintiff m | oust also submit an IFP application. |
|--|--------------------------------------|
| 11-30-17   | MUL                                  |
| Dated /  | Plaintiff's Signature                |
| tuldelle   | fleres                               |
| First Name Middle Initial                            | Last Name                            |
| 1 DO BOX 306   | 83                                   |
| Street Address . /                                   | 1 ( 1 ) '                            |
| Sort Jugar   | punto Ale                            |
| County, City 2/2-9335 State                          | 0093G                                |
| Telephone Number                                     | Email Address (if available)         |

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

UNION CITY, NJ 1000 10007 2017 051 WE CELVED DEC 5 - 2017 pm Se In Take Un!!
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